



TEXAS BOARD OF HEALTH  
APPLICATION FOR ADVISORY COMMITTEE APPOINTMENT

Name of Committee/Board Registered Sanitarian Advisory Committee Initial appointment ☐ Reappointment ☐

Position Applied for Professional Engineer or OSSF professional (may not be a Registered Sanitarian)  
(Choose from the list of positions in the Board of Health rules relating to this committee/board.)

Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA". Your eligibility will be determined from the information you submit in this application. No resumes will be considered.

1. Name: \_\_\_\_\_  
*First Middle Last*

2. Race/Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan ☐ Asian/Pacific Islander ☐ Other: \_\_\_\_\_

3. Gender: ☐ Male ☐ Female

4. Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Professional License, Registration or Certification, if applicable: \_\_\_\_\_

6. Relevant Experience (paid employment or volunteer): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Why do you wish to serve in this capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Personal and professional achievements (include activities which address contributions you could make to the committee or board):

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9. Have you ever been disciplined by any licensing board/professional or civic organization? ☐ Yes ☐ No If yes, please explain:

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10. Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)? ☐ Yes ☐ No If yes, please explain:

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11. Home Address

12. Employment Address

\_\_\_\_\_  
*Street or P.O. Box*                      *Apartment #*

\_\_\_\_\_  
*Name of Employer*

\_\_\_\_\_  
*City*                      *State*                      *Zip*

\_\_\_\_\_  
*Street or P.O. Box*                      *Suite #*

\_\_\_\_\_  
*Area Code/Home Telephone*                      *Facsimile Number*

\_\_\_\_\_  
*City*                      *State*                      *Zip*

\_\_\_\_\_  
*Home email*

\_\_\_\_\_  
*Area Code/Business Telephone*                      *Facsimile Number*

13. Please indicate where you would like to receive  
future communications:

\_\_\_\_\_  
*Current Position Title*

\_\_\_\_\_ Home                      \_\_\_\_\_ Employment

\_\_\_\_\_  
*Work email*

**14. TWO LETTERS OF RECOMMENDATION FROM PROFESSIONAL AND/OR CIVIC ORGANIZATIONS  
MUST BE ATTACHED.**

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO:

Yvonne Feinleib  
Professional Sanitarian Registration Program  
Professional Licensing and Certification Division  
Texas Department of Health  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756-3199